## ISSUE SLIP STAPLE AREA (for edditional cross references)

POSITION	INITIALS	ID NO.	DATE	
FEE DETERMINATION	14/2		Inkilou	
O.I.P.E. CLASSIFIER	1" 1	×	10-7/99	
FORMALITY REVIEW		BEACL	10/15/50	
·		08904 DEX OF CLAIMS	2-11-10	
	INL	DEX OF CLAIMS 7	- 11 00	
· · · · · · · · · · · · · · · · · · ·	Reject	ted N	Non-elected	i,
=	Allowe	red · I	Interference	
÷	ugh numeral) Cancele	ed A icted O	Appeal Objected	1.
FG.	— C			
um Date	Claim 1'	Date	Claim Date	· · ·
10 8 17 17 18 18 18 18 18 18 18 18 18 18 18 18 18	Tinal Original		e l	
10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Final Original	3 U	Final	
NWN		30	110	
	52	<del>}}                                     </del>	112	Ш
	454	<del>/   - - - - - - -</del>	113	
	<b>459</b>	<del>                                      </del>	115	<u>+</u> ++
WHITE THE PARTY OF	56	+++	116	
	57	<del>}}}}+++++</del>	117	ЦĪ
	\$9	<del>                                      </del>	118	+++
76	l o	<del></del>	110	<del></del>
	H   181		111	山口
<b>10</b> 13 10 12	63	<del>                                      </del>	112	41
	64	<del>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</del>	113	
15	68	<del></del>	115	
16	66	###	116	
17		3.7	117	4
19	69	<del>711                                     </del>	118	++
20	70		120	<del></del>
21	71		121	
22	72	++++	122	
24	73	+++++	123	
25	75	<u></u>	125	
28	76		126	
27 28	77 78	++++	127	4
29	79	<del></del>	128	++
30	70		130	
31	81		131	世
32 33	82	++++++	132	$+\Gamma$
34	84		133	++
35	85		135	
36	86	+++	136	
37	87	++++++	137	+
39	89	<del></del>	138	++
40	90		140	_
41	91		141	1
42 43	92	++++	142	
	93	++++++	143	
<b>4</b> 1 ( ) ( )	95		145	_
46 1 1 1 1 1 1 1 1 1 1 1	96	+++++++++++++++++++++++++++++++++++++++	146	
47	97	+++++	147	Щ
46	·       1981		148	

If more than 150 claims or 10 actions staple additional sheet here

(LEFT INSIDE)